

**OFFICE OF BEHAVIORAL HEALTH LICENSING**

150 N. 18<sup>th</sup> Ave., Suite 410

Phoenix, AZ 85007

602-364-2595

APPLICATION FEE REMITTANCE FORM		
FILL IN COMPLETELY		
APPLICANT NAME:		
FACILITY NAME:		
FACILITY ADDRESS:		SUITE
CITY:	STATE:	ZIP:
APPLICATION FEE.....\$50.00*		
<b>License and bed fees will be collected prior to license issuance. Fees are based on licensed capacity. DO NOT SUBMIT LICENSE AND BED FEES WITH INITIAL APPLICATION.</b>		
Capacity	License Fee	Bed Fee (Number of beds x \$94.00 each)
None	\$375	
1 to 59 beds	\$375	
60 to 99 beds	\$750	
100 to 149 beds	\$1125	
150 or more beds	\$1875	
<p>Submit by cashier's check, business check, or money order made payable to: <b>ARIZONA DEPARTMENT OF HEALTH SERVICES</b> Return this form and payment to the above address</p> <p><b>Cash and personal checks are not accepted.</b></p>		

\* **ALL FEES ARE NON-REFUNDABLE** pursuant to A.R.S. § 36-405 (c), 36-882 (f) and 36-897.01 (c), except as provided in A.R.S. § 41-1077.